INTRODUCTION

Mental health exerts a serious public health issues, accounting for 14% of the global disease burden.[1] According to World Health Organization (WHO) health is defined as "complete physical, mental and social wellbeing not merely an absence of disease." Mental health of an individual is a vital component of overall health and positive mental health is the foundation of individual's wellbeing. World Health Organization (WHO) describes it as "***state in which an individual realizes his or her own abilities, can cope with normal stressors of life, can work productively and is able to make a contribution to his or her community.***"[2]

Mental wellbeing is defined as vital and essential component of overall health.[3] Recently it has become an area of interest for many positive psychologists, and has emerged as "something everyone seemingly aims for, and arguably has a right to".[4] In recent years, psychological literature has seen an exciting shift in paradigm, with greater emphasis on mental well-being and positive mental health, replacing the previous emphasis on diseases and dysfunctions. However, this is not a new concept. If we look back at the philosophical conceptions of mental wellbeing, it was Aristotle who gave the term EUDAEMONIA, which stated that living authentically and by virtues is the way to mental wellbeing.[5] Aristotle, in his writings has been against the idea of hedonic wellbeing. He asserted that highest goal of all human beings was not enjoyment, feeling good, and gratifying desires, rather it was used to know ourselves and become our best version. Since then, there have been diverse approaches to define the concept of eudaemonia, where researchers in the field of positive psychology have identified numerous aspects that lead to

mental wellbeing. One such conceptualization has identified the importance of developing one's potential and living in alignment with one's true self.[6]

Another researcher who investigated psychological well-being is Carol D. Ryff, an American psychologist who developed the first systematic model of wellbeing in 1989, which is based on Aristotle's Nichomachean Ethics principles and is known as eudaemonic well-being.[7]

Her concept provided six dimensions that serve as indicators of one's wellness. **(1) purpose in life**; the degree to which people feel their life has meaning, purpose, and direction; **(2) autonomy**; whether people consider themselves to be living according to their own beliefs and convictions; **(3) personal growth**; the level to which people perceive themselves as utilising their own potential to learn and expand. **(4) environmental mastery**; competency in controlling one's environment and life situations; **(5) positive relationships**; the extent to which people have warm, trusting, and gratifying interactions with others; and **(6) self-acceptance**; the level of knowledge of one's attributes, both good and poor.[8]

Since Ryff operationalized the concept of eudaemonic wellbeing, it has piqued the interest of many, and it appears that mental well-being is becoming vital to our existence.

If we look at society as a whole, its members are divided into three categories: men, women, and children. This study will describe the state of women's well-being because they are the primary subjects of the sample. Women's well-being is critical because women are homemakers, wives, mothers, in-laws, and perform many other duties. Additionally, if they are working, the tremendous weight begins to make their life heavy and rigorous. It should also be mentioned that mental wellbeing influences and contributes to how a person navigates his life; hence, it is critical to understand the elements that influence mental wellbeing. Work and life engagements

are one such correlate of mental well-being that we will discuss in this paper. The association between work and mental health was shown to differ depending on whether the work was paid or unpaid.[9] Unpaid work was associated with lower levels of self-acceptance and environmental mastery amongst women. Women who believed they were unable to attain their early career goals reported a lower sense of purpose in life as well as depressive symptoms.[10] Family duties must be considered in addition to job. The extent to which job and family life interact has been linked to psychological well-being. Work-family conflict occurs when workplace commitments and family responsibilities become incompatible. This work-family conflict reduces overall well-being, particularly when it comes to caregiving responsibilities.[11] On the other hand positive spillover from work to family and vica-versa has been linked to improved mental well-being.[12]

Since ancient times, India has celebrated women as a gift to society. Our scriptures and worship customs clearly show that female has been revered and idolised. During that time, women had respectable jobs and contributed as, if not more, than males.[13] Historically, women have consistently challenged society's patriarchal mentality. Women played many different roles in ancient Indian civilization. They used to be scholars who were well-versed in Vedic scriptures; they used to serve in administration, particularly as kingdom governors; and they used to hunt and gather alongside men.[14]

Over time, the status of women in our communities has altered. As a result, we may claim that women's conditions and status were dignified, and they had greater access to education and freedoms. They valued knowledge, particularly in the areas of military, medicine, dharmashastra, business, and ethics. During Vedic period women were regarded as “Sakti” which translates to power in English. However in later period the glorified and superior status of women was obliterated.[13]

Today also, women are integral part of social system and they enter into society through their families, after getting married. Women are expected to carry number of duties and responsibilities, which create a kind of socio-ecological imbalance, sooner or later it becomes a regular part of their life and when it becomes a regular part of life it becomes burden after regularly preforming the responsibilities, even she herself doesn't realize. In present era women capabilities are highly on demand, which they have to fulfill whether they like or dislike.

In such conditions, it is very much required a due attention is to be paid to women's wellbeing.

Since decades, women's health has been severely neglected. Women, burdened by the demands by various roles, in family and in job, themselves, neglect their health and wellbeing.

In today's society, women have important responsibilities and multiple roles. The three key roles being; spouse, parent and employee. "A woman who earns salary, wages, or other income through employment, outside the home, is termed as a working woman."[15] Women as spouse and parent have infinite responsibilities and work. In both the cases women is working and it is contemptuous to even think that women working in house are referred to as non-working.

The role of spouse and parent are considered to be the traditional roles of women. In the past few years, traditional gender roles are becoming more flexible[16] with changes in the labor force, which includes the entry of women into the labor market. All the while, women continue to take on the responsibility of parenting and household chores[17] and "do it all" has become a social norm for women.[18]

The multiplicity of roles and tasks related to them makes women psychologically vulnerable, it increases probability of depression[19] problems related to sleep[20] and lowering of mental wellbeing and positive emotions.[21-22]

In addition to the three primary roles, a 1984 study investigated women's role as spouse, parent, employee, relative, friend and group member and discovered curvilinear link between the number of roles and mental distress.[23]

In Indian context, women are gradually coming out of their traditional roles and entering the solid labor force. As per the periodic labor force survey (July 2022- June 2023), work population ratio of women in India is 35.9%. For urban areas it is 23.5% and for rural areas it is 40.7%. This data has seen a considerable increase from the last five years. It should also be kept in mind that, when statistics reveal the work population ratio of women as 35.9%, the rest of the population should not be considered as not working. Apart from the paid work as employee, women undertake a lot of unpaid work.

However, they still exist inside cultural norms and beliefs, therefore working women are expected to make adjustments with family members. As a result, working women experience a high level of stress.

India that still favours the traditional values, family is considered the priority for women, and their image as caring, sacrificing and nurturing homebody is hailed. On the other hand, women participating in labor force and being a provider is looked down upon.

As women are moving from being a "carer" to a "provider", they are still weighed down by years of conditioning; hence they find it difficult to achieve much desirable improvement in their self-perception. While work boosts self-esteem and financial contribution gives women leverage in family.[24] Regardless of the fact, when women are not able to properly attend to their domestic responsibility they experience guilt, resentment and criticism from family members.

Women enter workforce with the primary motive of being financially independent; however, they are expected to hand over their salary to father, husbands or in-laws, which defeats the purpose of being independent. They also face many challenges in workplace, like gender bias, less wages and discrimination. They are given lesser opportunities than men, unequal pay for the same work, underrepresentation in leadership roles, exclusion from important decision making, insufficient maternity leaves and easy layoff and replacement as well. Gender discrimination at work also influences mental wellbeing of working women.[25]

Managing household chores as well as work, there is double burden of expectations. Balancing work pressures with household responsibilities become difficult. Many women do not get time for self-care which affects their well-being; hence they experience stress and burnout. While balancing work and family life is a challenge for everybody in the workforce, it appears to be the most problematic for working women.[26] This has a negative impact on female workforce, resulting in significant absenteeism, drop in productivity, morale, and commitment to organization.[27] They have to make adjustments with work and family, which leads to stress and anxiety.[28] Lack of family support also leads working women to feel stressed and anxious.[29]

While these challenges make women hesitant to join workforce, Indian government has provided multiple schemes, in order to encourage and motivate women to participate in workforce, which are as follows:

The Prohibition of Sexual Harassment of Women at Workplace Act, 2013 (POSH Act, 2013):

The POSH Act is policy implemented by the Indian government in 2013 to eliminate sexual harassment and promote a safe and conducive employment environment for women. This

legislation establishes a framework for developing a complaint procedure at the workplace, including the formation of an Internal Complaints Committee (ICC). The ICC should consist of: The committee consists of four members chaired by a senior female employee, two female employees with experience in social work or legal knowledge, and one third-party member linked with a non-governmental organisation.

If the workplace has ten or fewer employees and it is difficult to form an ICC, complaints must be lodged at the district level through the Local Complaints Committee (LOC).

Under this Act, organisations must also conduct sensitization programmes for employees to educate them on harmful effects of sexual harassment, the penalties of sexual harassment, orientation outlining the method for filing complaints, and the composition of the ICC.

But are all these criteria genuinely applied, it’s a question? Because sexual harassment still persists in workplace.

The maternity benefit act, 1961:

The government of India passed the Maternity Benefit Act on December 12, 1961. It is an act that safeguards women's employment during the maternity period. According to the Act, it is illegal for an employer to lay off or dismiss a pregnant woman while she is away or on the basis of her pregnancy.

It provides women employees with a 'maternity benefit', which entitles them to full pay during their absence from work to care for their children. If the woman has a miscarriage or other pregnancy-related difficulties, she is entitled to paid leave. After verification of any pregnancy-related illness, the beneficiary is entitled to a 30-day additional paid leave period. After returning to work, the mother has the right to a break and two feeding breaks until the kid reaches 15

months of age. Every organisation with fifty or more female employees must additionally provide a "facility of a crèche" in convenient places.

But the duration of maternity leave is still varying from organization to organization from 1 month to 6 months, which is one of the strong injustices with women employee.

The factories act, 1948:

The Indian government passed the Factories Act in 1948, and it went into effect on April 1, 1949. This act protects industrial workers' wellbeing by regulating employment, working conditions, the working environment, and other industry-specific welfare needs. It also includes the following provisions for protections for female employees:

- Section 19 requires that separate bathrooms and urinals be constructed for male and female personnel.
- Section 48 offers crèches for female employees.
- Sections 22(2) and 27 address safety and health precautions for female employees. This means that women cannot be asked to lift more than the prescribed weight, nor can they be forced to clean or lubricate any moving machine.
- Section 66 (1) (b) of the Factories Act, 1948 prohibits women from working night shifts and requires them to work only between 6 a.m. and 7 p.m.

The equal remuneration act, 1976:

The Indian government created the Equal Remuneration Act in 1976 to assure equal pay for male and female workers, as well as to eliminate gender discrimination against women in the

workplace. A Central Advisory Committee has been established at the Centre within the Act for advising the Government on enhancing employment possibilities for women and generally monitoring the efforts taken to ensure the Act's successful implementation.

All of the above mentioned policies are really appreciable, but every organization is not implementing these policies judiciously, which raises a question on welfare of working women.

A very important comparative study conducted in 2014 on mental health of working women and housewives indicated that housewives have better mental health than working women.[30] similarly study conducted in 2012 found significant difference in mental health of working and non-working women. They concluded non-working women experience better mental health than working women.[31] another 2015 study states that non-working women are more satisfied with life and have positive wellbeing than working women. On the contrary, an earlier study done on 1976 have stated that working women are generally happier and more satisfied with their lives than non-working women (housewives).[32] A 1983 study on self-esteem, psychological wellbeing and physical health of women indicated that working women had higher self-esteem and less psychological anxiety and better physical health than housewives.[33]

In the light of the above context, the present study investigates the impact of employment on mental well-being of working women and compares it with that of non-working women.

Keeping in mind the above context, there are certain conceptual clarifications, which are the main part of this study;

Mental wellbeing: it is defined as a state in which an individual realizes his or her own abilities, can cope with normal stressors of life, can work productively and is able to make, contribution to his or her community.

Working women: A woman who earns salary, wages, or other income through employment, outside the home, in India is termed as working women. This includes full-time employee, part time employee or women working on contractual basis, but has to be a salaried staff.

Non-working women: women who are educated housewives and not earning salary.

Process of evaluation: it refers to structured research methodology which is applied here to measure mental wellbeing, mental health, general wellbeing, depression, anxiety and stress of working and non-working women. In the present study, evaluation will take place through data collection using standardized test measures, data analysis using relevant statistical methods and drawing conclusions.

Comparative study: a comparative study is defined as technique which is used to analyse and compare two or more objects or ideas. In the present study, mental wellbeing of working and non-working women are being investigated and compared.

Relevance of the study:

"What is the ultimate goal of human existence?" is a question which has puzzled many. Some believe the goal of human existence is to achieve happiness and find joy in life, few believe it is to find satisfactory connections and love, some believe it is to make positive impact and contribution to the world, while others believe the ultimate goal is to find meaning and purpose of life. The answer to this question varies greatly, but these answers come within the concept of eudiamonic wellbeing, which today is operationalized as mental wellbeing.

Mental well-being is essential to humans since it affects all area of our existence. Our physical health is inextricably linked to our mental wellbeing, which then in turn determines our total

health. Finally, it is necessary for human survival because it allows them to successfully navigate life.

A well-known quote by Jawaharlal Nehru states “You can tell the condition of a nation by looking at the status of its women” this means women are integral and indispensible part of society and contribute in multiple ways to its progress and stability.

Today, women have prominent positions in practically every field. This opportunity has boosted their social standing and self-esteem; additionally, they meet the demands of their household responsibilities. As a result, women occupy a variety of roles in society. It is also widely known that women's many social responsibilities have an impact on their mental health, but it is unclear whether these impacts are positive or detrimental.

It is hence relevant to study the mental wellbeing of women. This study can draw insight into general health, mental wellbeing, and emotional states of women. Insights gained from this study can inform healthcare professionals and policymakers about the mental health challenges specific to working women, facilitating the development of targeted interventions and support systems. It can help in creating workplace policies, improve workplace practices, build up a conducive milieu in order to increase productivity and job satisfaction. This study can guide the development of targeted wellness programs that address the specific needs of working women, fostering a healthier and more inclusive work environment. Moreover, this study can shed light on how gender disparities in workplace affect their mental wellbeing.

REVIEW OF LITERATURE

Review of literature entails an extensive investigation and examination of the available literature on the subject to develop a working hypothesis. To determine how employment affects the mental wellbeing of women, a review of the literature on the subject is required. This chapter covers literature review on multiple roles of women, occupational stress, health and wellbeing of women.

Ferree (1976) conducted a study titled work class jobs: house work and paid work as source of satisfaction. The study concluded that women with a fulltime job are happier and satisfied than the fulltime housewives.[32]

Coleman & Antonucci (1983) investigated impact of employment on self-esteem, psychological wellbeing and physical health of 398 women. Results indicated that working women had higher self-esteem and less psychological anxiety and better physical health than housewives.[33]

Mukhopadhyay (1989) studied work status and stress among women. The sample of 200 women was taken out of which 100 were working and 100 non-working. The results indicated that anxiety and health score were similar for both group of women.[34]

Kopp & Ruzicka (1993) examined multiple roles of women and psychological wellbeing, among 162 women. The results indicated significant difference between no. of roles occupied and psychological wellbeing among women. It was noted that women who had multiple roles were happier than women, who had one or less than one role.[35]

Andrade & Abraham (1999) investigated influence of women's work status on wellbeing of Indian couples. 46 one working couple and 51 both working couple were selected to be the part of the study. The results revealed that in both groups, women experience low wellbeing. However working women have better coping than non-working females.[36]

Azar & Vasudeva (2002) conducted a comparative study on employed and unemployed women in Iran. The sample consisted of 500 women (250 employed and 250 unemployed women). Results of the study indicated employed women have greater self-esteem and self-efficacy than unemployed women. [37]

Sahu & Rath (2003) studied self-efficacy and wellbeing among working and nonworking women. The no. of participants of the study were 240, out of which 120 working and 120 non-working. The results indicated working women had higher self-efficacy than non-working women. Moreover self-efficacy was correlated with mental wellbeing of women.[38]

Hashmi, Khurshid & Hassan (2007) studied marital adjustment, stress and depression. The sample consisted of 75 working and 75 non-working women. The findings show that working married women have to face more problems in their married life as compared to non-working married women. The results further show that highly educated working and non-working married women can perform well in their married life and they are free from depression as compared to educated working and non-working married women.[39]

Cho, Jang & Cho (2008) studied multiple roles and stress among Korean women. Sample of 2943 was taken for the study. The results of the study reveal that multiple roles of women do not have better health and psychological wellbeing. Moreover, working women experience more perceived stress, with marital and parental roles.[40]

Mankani & Yenagi (2012) conducted a comparative study of mental health of working and non-working women. Sample consisted of 90 working and 90 non-working women of rural and urban areas. Mental health inventory by Jagdish and Srivastav and socio economic status scale by Aggrawal et al. was used to assess the mental health status and socio economic status of the selected respondents or sample. Results revealed working women had better mental health when compared to non-working women.[41]

Dudhatra & Jogsan (2012) studied mental health and depression among working and non-working women. The sample included 80 women, 40 working and 40 non- working. Tools administered were mental health scale by Dr. D.J. Bhatt and Gita R. Geeda (1992) and beck's depression inventory by Beck (1961). Results indicated non-working women have better mental health than working women.[31]

Herrero, Saldaña, Rodriguez & Ritzel (2012) studied gender differences on Influence of task demands on occupational stress. The sample included 11054 individuals out of which 5917 were men and 5137 were women. The results indicated women experience more stress than men.[42]

Maqbool, Srivastava & Pandey (2014) conducted a comparative study on mental health of working women and housewives. Mental health questionnaire by Dr. Kamlesh Sharma was administered on 100 women (50 working women and 50 housewives). Result that housewives have better Mental Health in comparison to working women.[30]

Panigrahi, Padhy, and Panigrahi (2014) investigated mental health status of 240 married working women in Bhubaneswar City. Using the predesigned, pretested interview schedule and self-reporting questionnaire, all relevant information was collected. The study revealed that 32.9% of

study respondents had poor mental health and only about 10% of these women had sought any kind of mental health services.[43]

Singh (2014) examined life satisfaction and stress among working and non-working women. The sample size consisted of 200 women (100 working and 100 non-working). Results indicated that working women experience greater life satisfaction and non-working women experience greater stress than their counterparts.[44]

Garima & Kiran (2014) investigated impact of marital status on mental wellbeing of working women. A total of 90 working women were assessed. The study revealed that marital status does have a significant impact on mental wellbeing of working women.[45]

Vaghela (2014) investigated Mental Health of Working and Non-Working Women. Sample of 60 women was taken, out of which 30 were working and 30 non-working. Tool administered was Mental Health Inventory (MHI) by Dr. A. K Srivastav. The results indicate that working women have shown better mental health in compared to non-working women.[46]

Rashid & Mustafa (2015) measured levels of depression among married working and non-working women. The sample taken for the study was 50 working and 50 non-working. The results states that working women who are married face more difficulties in their lives than non-working women, hence they have higher levels of depression as compared to non-working women.[47]

Nehal & Disha (2015) investigated mental status of housewives in Surat City. The study consisted of 26 housewives ranging from 21 to 54 events. It was found that 38% of the housewives were suffering from mood disturbance.[48]

Patil (2016) investigated stress level of working and non-working women. A sample of 90 women was taken, among which 45 were working and 45 non-working. Results revealed that working women have more stress than non-working women.[49]

Patel et al. (2016) investigated impact of occupation on stress and anxiety of working and non-working. Results indicated that homemakers had 1.2 time's higher anxiety and 1.3 times higher stress than working women ($p < .05$). Prevalence of stress (37%, $p < .001$) and anxiety (40%, $p = .068$) were also higher in homemakers compared to working women.[50]

Aujla & Aujla (2017) investigated psychological stressors among working and non-working women. The sample consisted of 75 working and 75 non-working women. The results indicated working women were more stressed than non-working women.[51]

Mohanty & patnaik (2017) investigated mental wellbeing of working women. The sample consisted of 120 women, out of which 60 were working and 60 non-working. The results indicated that non-working women experienced higher level of stress compared to their working counterparts. It also stated that age also had significant effect on self-efficacy of women; hence women who are older are more efficacious than middle aged women.[52]

Sinha (2017) studies multiple roles of working women and their psychological wellbeing. The sample of 82 working women and homemakers was taken and PGI Health questionnaire and PGI social support scale were administered. Results showed working women have better psychological wellbeing than homemakers. It was also revealed that home and work conditions also affect, impact of employment on psychological wellbeing.[53]

Shukla, Jaiswal, Agrahari & Shingh (2017) studied stress levels among working and non-working women. The study included 100 samples (W=50, NW=50). Results of the study revealed that stress levels among working women were higher than non-working women.[54]

Vedpuria & Das (2017) studied mental health among working and non-working women. The sample consisted of 60 women, out of which 30 were working and 30 non-working, from the age group of 20-40 years. The results of the study revealed that working women had better mental health status than their counterparts.[55]

Islahi (2018) studied women and wellbeing: implications of work. Sample of 200 women was selected, out of which 100 were working and 100 non-working. Significant difference was found between wellbeing of working and non-working women. Results indicate multiple responsibility of home and workplace leads to psychological distress among women.[56]

Kannur and Itagi (2018) investigated psychological wellbeing among working and non-working women. The sample consisted of 40 working and non-working women. The results indicated significant difference between psychological wellbeing among working and non-working women.[57]

Parmar (2018) investigate psychological wellbeing among working and non- working women. The sample consisted of 120 women, which included both working and non-working. The results indicated significant difference among the psychological wellbeing of working and non-working women, such that non-working women have better psychological wellbeing than working women.[58]

Joseph (2019) investigated levels of stress among working and non-working women. The sample size of the study was 60 women (W=30, NW=30). The study concluded that there was significant difference in the stress levels of working and non-working women; hence working women had higher stress levels.[59]

Khunttey & Sahu (2021) studied mental health among working and non-working women. Sample for the data were 60, out of which 30 were working and 30 non-working. Results revealed that mental health of working and non-working women did not differ in mental health.[60]

Priya & Ahmad (2021) studied Perceived Mental Health and Subjective Well-Being among Women. Total sample consisted of 150 women, out of which 75 was working and 75 non-working women. Findings of the present study revealed that the levels of various dimensions of mental health and subjective well- being as a whole were better among the housewives than working women.[61]

Shahid, Maqsood , & Maqsood (2023) investigated The Work Family Life Balance Of Married Working Women During The Time Of Covid-19. The research findings indicate that various conflicting situations during work from home which are categorized into three categories i.e. work-life challenges, family-life challenges and challenges related to mental wellbeing.[62]

RESEARCH GAP:

Ever since women have entered the workforce, researchers have been eager to study effects of employment on women's health and wellbeing; hence number of researches has been done to investigate the mental wellbeing of working and non-working women. All the researches that have been conducted on this subject so far have led to development of two hypotheses. The scarcity hypothesis proposes every individual has limited energy, hence when women take on

multiple roles at the same time, they are faced with role conflict and overload, which produces harmful effects on their health and wellbeing. On the other hand, expansion hypothesis states, that multiple roles lead to better health and wellbeing, because different roles bring different benefits, such as satisfaction and better self-esteem. Studies investigating women's wellbeing especially in the north Indian states, particularly Delhi and Uttar Pradesh are close to none, which needs, special attention, because according to data acquired by the city's Directorate of Economics and Statistics (DES) department, Delhi has less women in the workforce than the national average, which has reduced in recent years. Surplus of the researches on this subject had been done during the year 2012-2016, hence there are limited amount of studies in the present time period, this gap is important to take into consideration, in order to understand the changing trends, in women's wellbeing. Moreover, there have been a limited amount amount of studies on this subject since the COVID-19 Pandemic, this gap is important to take into consideration because, for women working from home, the boundaries between personal and work life became blurred, leading to exhaustion and burnout. Taking into account this setting and research gap, it is proposed to evaluate the mental wellbeing of working and non-working women, so that we can have a better understanding about such issue.

AIM AND OBJECTIVES

AIM:

The basic understanding is that, women perform their duties as parent and spouse without stress as these are considered “natural” role of women but now a days it’s not possible, even the lady who is not working, will not be stress free and working status too becomes an additive factor. On the other hand, performance of her role as an employee is considered “unnatural”, hence it generates stress. This assumption raises a question, whether women can balance multiple roles without repercussions in their health and wellbeing. The aim of this study is to evaluate mental wellbeing of working and non-working women.

OBJECTIVE:

To evaluate mental wellbeing among working and non-working women

To compare mental wellbeing of working women with that of non-working women

MATERIAL AND METHODS

Research methodology is an entire skeleton of any investigation, which describes how to take up the problem related to any investigation, concentrating on aims and objectives, study design, sample, sample technique and a brief detail about the test measures to be used for the study purpose.

Research question:

Is there any need to evaluate mental wellbeing of working women and should the mental wellbeing of working women be compared with wellbeing of non-working women?

Hypothesis:

H_0 -There would be no significant difference between mental wellbeing of working and non-working women.

H_a – There would be significant difference between mental wellbeing of working and non-working women.

Study design- Cross-sectional study (community based)

Sample size- The total sample size was determined using the prevalence rate, at a 95% confidence level, obtained from the study titled "A comparative study of mental health of working women and housewives." The formula $n = \frac{z^2 pv}{d^2}$ was employed for sample size calculation, resulting in a total of 280 participants. This sample was evenly divided, with 140

participants representing working women and 140 representing non-working women. Table 1 illustrates the distribution of the sample across these two groups.

Table 1 indicates sample distribution and total sample

	Employment status		Total
	Working	Non-Working	
Female	140	140	280

Sample collection method- Random sampling

Inclusion criteria-

Females, this specifies the gender of the participants, indicating that only individuals who identify as female are included in the study.

Females both working and non-working, This criterion ensures that the study covers females who are employed in a job or career as well as those who are not currently engaged in paid employment.

For the subgroup of working women, the requirement is that all subjects possess a high level of education, typically at least completing their secondary education (referred to as "+2" education) or holding higher educational qualifications such as a bachelor's degree or above.

Under the subgroup of non-working women, the requirement includes females who are not currently in the workforce but still have qualifications similar to those of the working women.

Those who provided consent for this study, this indicates that participation in the study is voluntary and requires explicit consent from each participant. This ensures ethical standards are met and protects the rights and privacy of the individuals involved.

Exclusion criteria-

Women who speak other languages, this indicates women who primarily speak languages other than Hindi and English are excluded, since the tools used in this study are only available in English

Unmarried women are excluded from this study; this exclusion may be intentional to explore particular aspects of marital status, such as its impact on mental health or work-life balance.

Women who are working from home, the focus of this study is on women who work outside of home and in traditional office settings. This serves as a strategic decision to focus on how specific challenges in traditional workplace environments affect mental health.

Women with past psychiatric history are excluded as it could potentially impact the variables being studied, such as general health, mental health, psychological wellbeing and emotional states.

Tests measures-

After completing the consent form, preliminary identification data sheet, the following standardized test measures are being administered:

Consent form (Annexure 1)

Preliminary identification data sheet (Annexure 2)

General health questionnaire (GHQ) (Annexure 3)

Mental health inventory (MHI) (Annexure 4)

Psychological wellbeing scale (PWBS) (Annexure 5)

Depression, anxiety, stress scale (DASS-42) (Annexure 6)

Consent form and identification data sheet have been prepared for this study purpose.

Consent form:

The consent form is used in this study to ensure ethical standards are met and promote voluntary participation. It provides clear information about the study's purpose, procedures, risks, and benefits, allowing participants to make informed decisions about their involvement while safeguarding their rights and well-being.

Preliminary identification data form:

The personal identification data sheet enquires personal demographic details, family background, parental status, educational qualification, employment details and any history of psychiatric and psychological problem, if at present or in past.

General health questionnaire

The general health questionnaire (GHQ) serves as a self-administered screening questionnaire designed to detect common and minor psychiatric disturbances. It was developed by David Goldberg in 1972. It's versatile, suitable for individuals of all ages from adolescence onward. This tool Comprises of 12 questions, each is graded on a 4-point Likert scale, offering respondents choices ranging from "less than usual" to "much more than usual." This standardized

scale facilitates comparisons of psychotic impairment levels both within specific groups and across different samples. The internal consistency indicated by Cronbach's alpha for GHQ-12 is 0.90.[63-64]

Mental health inventory

Mental health inventory was developed and standardized by Jagdish and Srivatava in 1995. This tool is used to detect potential mental health issues or disturbances. This inventory is an expression of one's own judgment about their own mental health. This scale consisted of 55 items and each item was rated on 4 point rating scale ranging score of 1 to 4, where 1 indicates never, 2 indicates sometimes, 3 indicates most of the time and 4 indicates always. This Inventory measures six dimensions of wellbeing, which are, Positive self-evaluation (PSE), Perception of reality (PR), Integration of personality (IP), Autonomy (Autonomy), Grouporiented attitudes (GOA), and Environmental Mastery (EM). The reliability of the inventory is 0.73.[28]

Psychological wellbeing scale (18 item)

Psychological wellbeing scale is shortened version of the original 42 item scale and was developed by Carol D. Ryff in 1989. The scale being used in this study is the shortened version, consisting of 18 items. Each item is scored on a 7 point likert scale, 1 being strongly agree, 2 is somewhat agree, 3 is little agree, 4 is neither agree nor disagree, 5 is a little disagree, 6 is somewhat disagree and 7 is strongly disagree. It measures six criteria of psychological wellbeing, which are, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The internal consistency (α) of the scale ranges from .93 to .86. Further, test–retest reliability ranges from .88 to .81.[65]

Depression, anxiety and stress scale-42

Depression, anxiety and stress scale is a self-report scale developed by Lovibond and Lovibond in 1995. As the name suggests, this scale measures negative emotional state of depression, anxiety and stress. The scale consists of 42 items and is rated on 4 point likert scale. Adjacent to each item are given numbers 0, 1, 2, 3, which indicate, did not apply to me at all, some of the time, good part of the time and most of the time, respectively. This scale has high internal consistency which is indicated through the Cronbach's alpha. Cronbach alpha for the DASS Depression, Anxiety, and Stress subscales were reported to be 0.97, 0.92, and 0.95, respectively.[66-68]

Statistical analysis:

The data collected was subjected to statistical analysis using SPSS-23. Since this is a comparative study. The following statistical operations have been used: Mean and standard deviation were used to calculate for both the groups. Afterwards, t-test was implemented in order to analyse difference between the study variables among working and non-working women. Correlation analyses have been done using Pearson correlation for both the groups individually in order to assess relationship between, general health and psychological wellbeing, mental health, ad depression, anxiety and stress.

RESULTS

The objective of the present study was to evaluate and compare psychological wellbeing among working and non-working women. The differences in general health, mental health, psychological wellbeing and emotional states of working women and non-working women were calculated using an independent samples t-test.

Table 2 shows mean standard deviation and t test of GHQ, among working and non-working women

	Employment status		*t*	Df
	Working Women	Non-Working Women		
GHQ	11.821	8.243	5.174	278
	± 5.2290	± 6.295		

Figure 1 shows mean of GHQ among working and non-working women

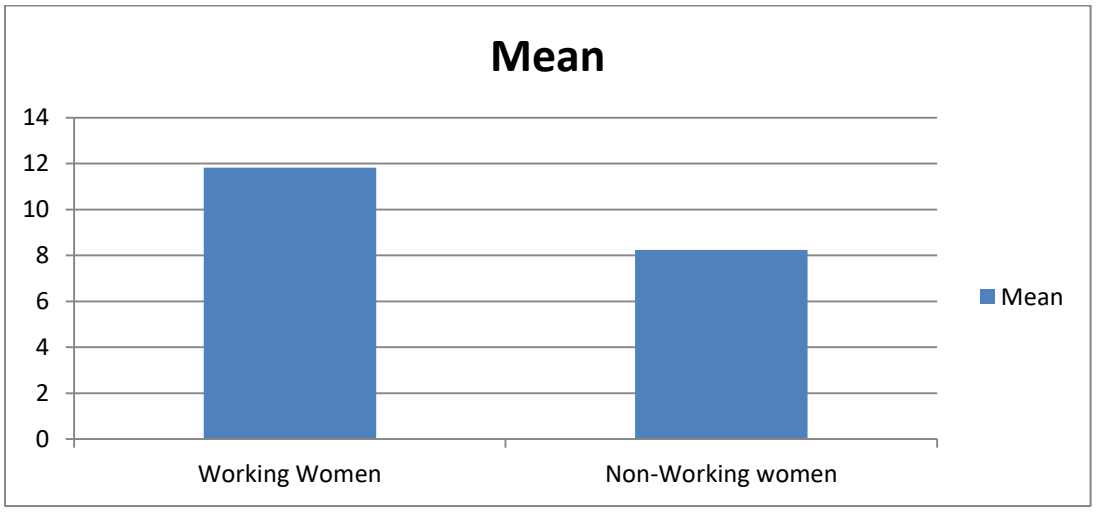

Table 2 shows mean standard deviation and t test of GHQ, among working and non-working women. Figure 1 provides the graphical illustration of mean scores of both working and non-working women.

Table 3 shows mean standard deviation and t test of mental health among working and non-working women

	Employment Status		*T*	Df
	Working	Non-working		
Mental Health	139.59	176.214	-11.690	278
	± 25.512	± 26.887		

Figure 2 shows mean mental health among working and non-working women

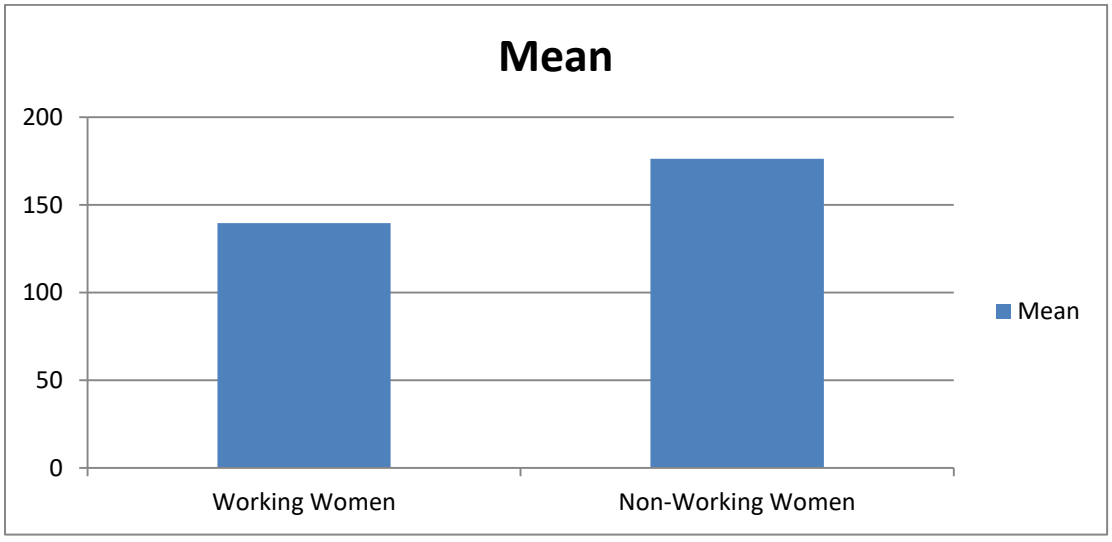

Table 3 shows mean standard deviation and t test of mental health, among working and non-working women. Figure 2 provides the graphical illustration of difference between mean of mental health among both working and non-working women.

Table 4 shows mean standard deviation and t test of psychological wellbeing among working and non-working women

	Employment Status		*T*	Df
	Working Women	Non-Working Women		
Psychological Wellbeing	80.986	99.057	-9.476	278
	± 15.473	± 16.423		

Figure 3 shows mean of psychological wellbeing among working and non-working women

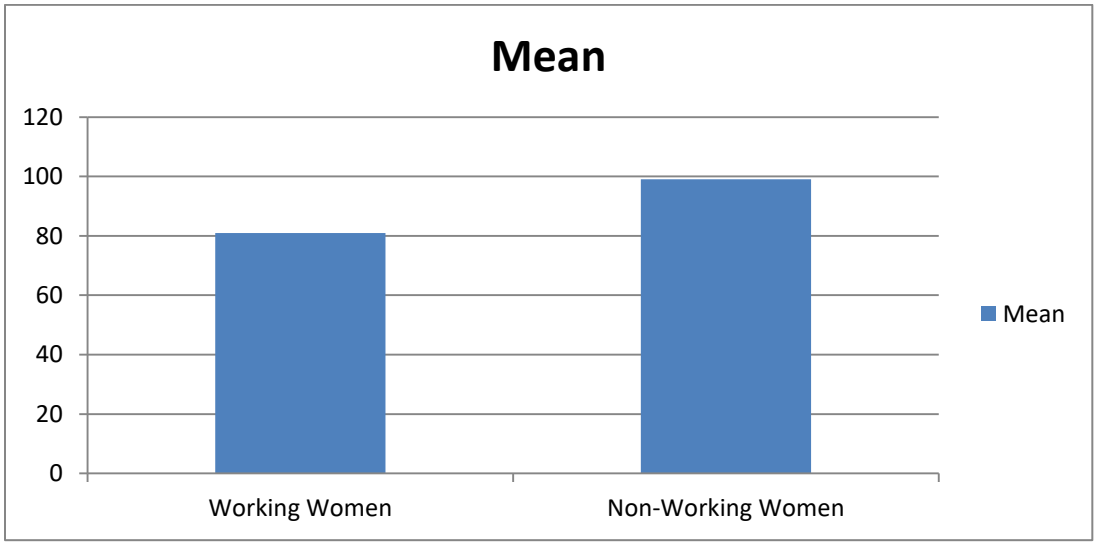

Table 4 shows mean standard deviation and t test of psychological wellbeing, among working and non-working women. Figure 3 provides the graphical illustration of difference between mean scores of psychological wellbeing among both working and non-working women.

Table 5 shows mean standard deviation and t test of DASS (Depression) among working and non-working women

	Employment Status		*T*	Df
	Working Women	Non-Working Women		
Depression (DASS-42)	9.321	5.479	4.420	278
	± 7.517	± 7.022		

Figure 4 shows mean of depression among working and non-working women

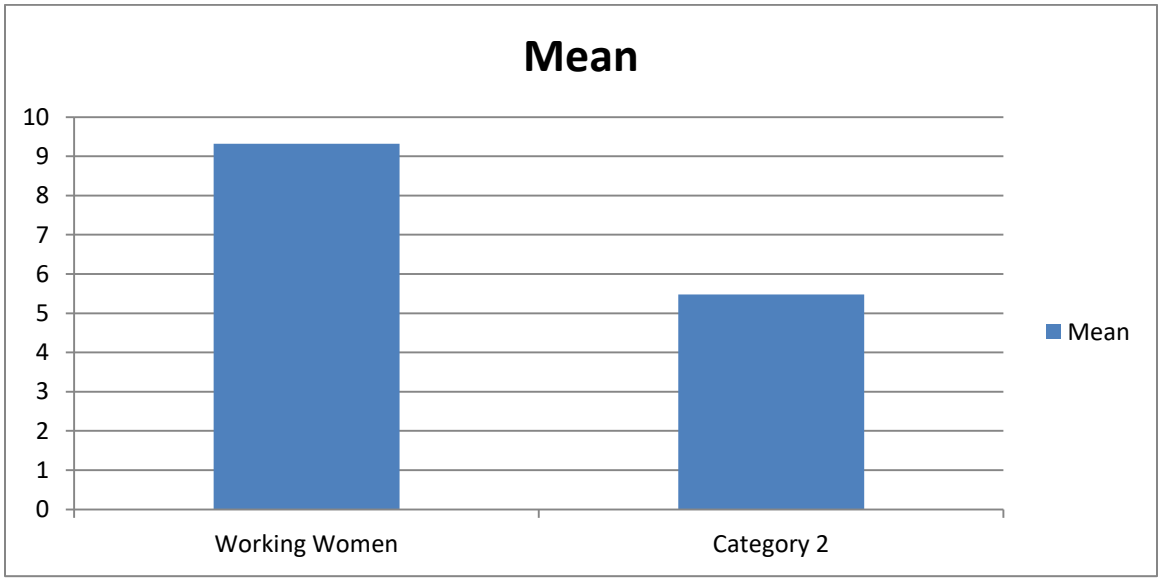

Table 5 shows mean standard deviation and t test of depression, among working and non-working women. Figure 4 provides the graphical illustration of difference between mean scores of depression among both working and non-working women.

Table 6 shows mean standard deviation and t test of DASS (Anxiety) among working and non-working women

	Employment Status		*t*	Df
	Working Women	Non-Working Women		
Anxiety (DASS-42)	8.571	5.707	3.616	278
	± 6.505	± 6.747		

Figure 5 shows mean of anxiety among working and non-working women

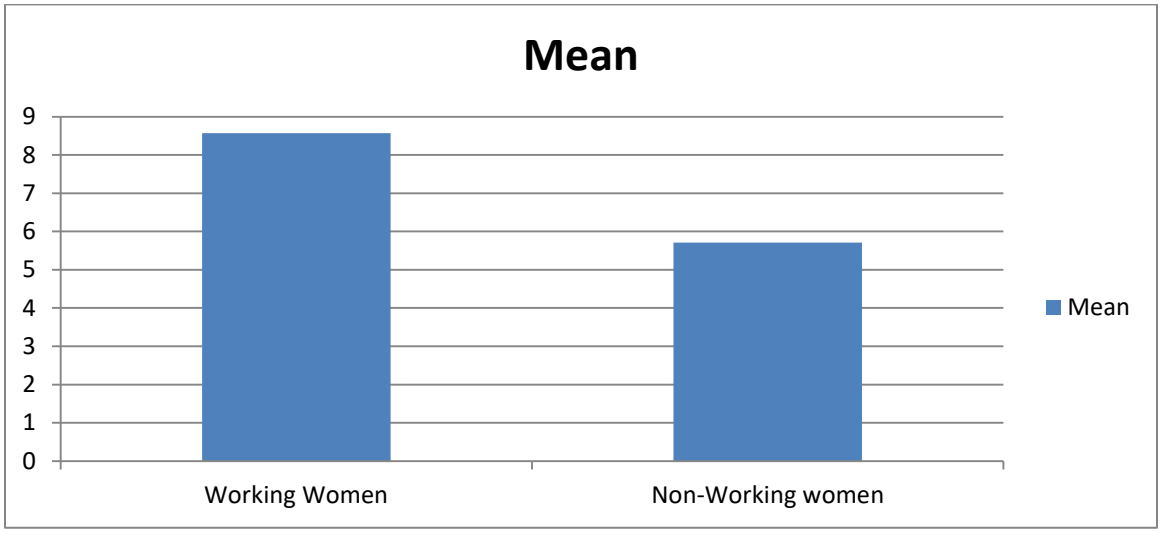

Table 6 shows mean standard deviation and t test of anxiety, among working and non-working women. Figure 5 provides the graphical illustration of difference between mean scores of anxiety among both working and non-working women.

Table 7 shows mean standard deviation and t test of DASS (Anxiety) among working and non-working women

	Employment status		*t*	Df
	Working Women	Non-Working Women		
Stress (DASS-42)	18.271	9.121	9.600	278
	± 9.2159	± 6.500		

Figure 6 shows mean of stress among working and non-working women

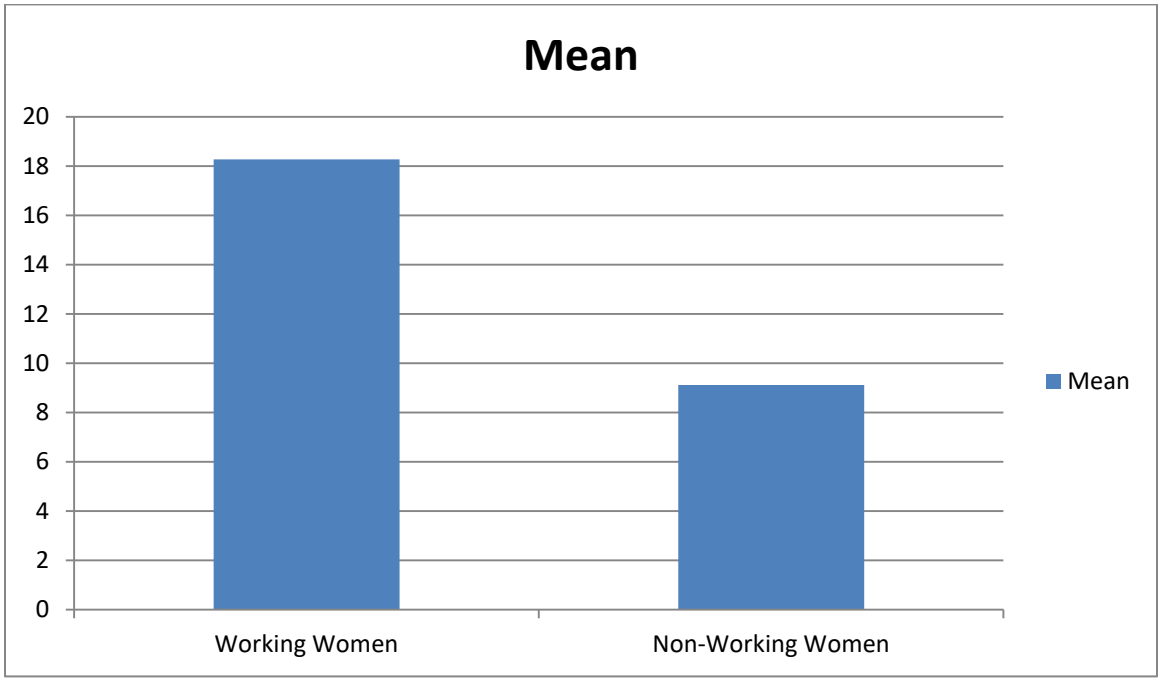

Table 7 shows mean standard deviation and t test of stress, among working and non-working women. Figure 6 provides the graphical illustration of difference between mean and standard deviation scores of stress among both working and non-working women.

Table 8 shows combined mean, SD, and t-scores of DASS-42

	Employment Status		*t*	Df
	Working	Non-Working		
Depression	9.321 ± 7.5171	5.479 ± 7.022	4.420	278
Anxiety	8.571 ± 6.505	5.707 ± 6.747	3.616	278
Stress	18.271 ± 9.215	9.121 ± 6.500	9.600	278

Figure 7 shows combined mean of psychological attributes of DASS-42

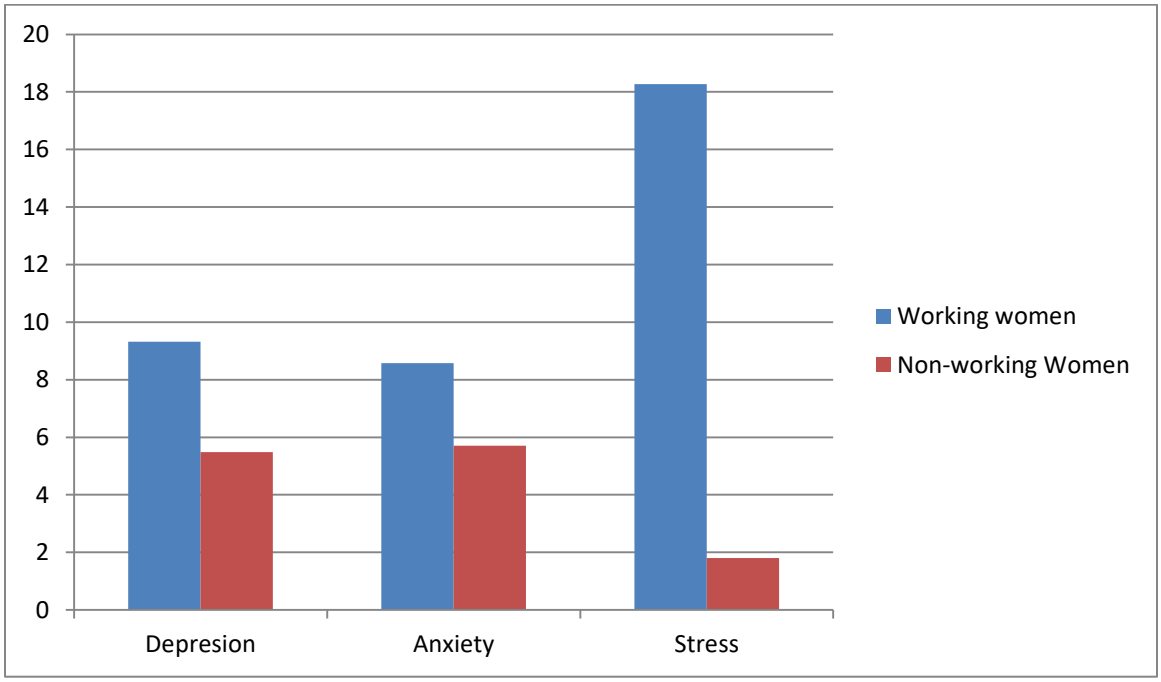

Table 8 shows mean standard deviation and t test of combined psychological attributes of DASS-42, that is, depression, anxiety and stress among working and non-working women. Figure 7 provides the graphical illustration of difference between mean scores of psychological attributes of DASS-42, among both working and non-working women.

Table 9 shows correlation between study variables among the non-working group

Variables	N	GHQ	MHI	PWBS	Depression	Anxiety	Stress
GHQ	140	1					
MHI	140	-0.703**	1				
PWBS	140	-0.567**	0.652**	1			
Depression	140	0.680**	-0.652**	-0.693**	1		
Anxiety	140	0.700**	-0.599**	-0.660**	0.814**	1	
Stress	140	0.593**	-0.533**	-0.474**	0.666**	0.693**	1

**. Correlation is significant at the 0.01 level

Table 8 shows correlation between general health, mental health, psychological wellbeing and depression, anxiety and stress among the non-working group.

Table 10 shows correlation between study variables among the working group

Variables	N	GHQ	MHI	PWBS	Depression	Anxiety	Stress
GHQ	140	1					
MHI	140	-0.468**	1				
PWBS	140	-0.429**	0.755**	1			
Depression	140	0.625**	-0.497**	-0.458**	1		
Anxiety	140	0.515**	-0.418**	-0.355**	0.726**	1	
Stress	140	0.453**	-0.677**	-0.571**	0.521**	0.559**	1

**. Correlation is significant at the 0.01 level

Table 9 shows correlation between general health, mental health, psychological wellbeing and depression, anxiety and stress among the working group.

DISCUSSION

The present study has been performed to evaluate psychological wellbeing among working and non-working women. This study assesses variables like, general health, mental health, psychological wellbeing and emotional states, that are, depression, anxiety and stress.

On the basis of data collection and statistical analysis, discussion is presented by taking into consideration the following steps; sample size, scores on general health questionnaire, scores on mental health inventory, results obtained on psychological wellbeing scale and findings on dass-42.

On the basis of suggested sample where working women are 140 and non-working women are also 140, as show in as shown in tale no. 1.

Scores interpretation for general health questionnaire (GHQ):

In this exercise, the scores for GHQ show statistically significant difference ($p < 0.05$) between the working and non-working groups. As shown in table 1, and graphically illustrated in figure 1, the mean differences between working and non-working group shows, general health scores are higher in working women in comparison to non-working women. Specifically, the working group had higher mean scores for GHQ by a difference of 3.5786, indicating higher levels of health issues in working women population. It shows that working women are not feeling healthy at an overall health profile, which is a concern; the results are supported by study investigating self-reported health and strain of domestic responsibilities among employed women. The results of the study revealed that higher strain of domestic work among working

women lead to lower self-related health, indicating lack of work life balance among working women leading to lower levels of health.[69]

Individual scores on this particular test, which is general health questionnaire, are showing approximate 30% women are carrying health issues, which really need a concern at immediate level.

Score interpretation on mental health inventory (MHI):

As per table 3, the scores for MHI show statistically significant difference ($p < 0.05$) between the working and non-working groups. As illustrated in figure 2, the mean differences show, that the scores of this particular questionnaire when compared between working and non-working group, show that non-working women are carrying good mental health. As such working women are still away from mental health issues, but there scores are just below the cutoff point of average category, but in long run very soon they may face mental health issues due to their family and office time, which is again a matter of concern. It means working women are at risk of mental health issues. These results are supported by a 2013 study conducted to find out the Mental Health among working women and housewives. A sample of 40 working women and 40 housewives was randomly selected. Statistical analysis using the "t" test revealed a significant difference in mental health levels between the two groups at the 0.05 significance level, indicating that mental health is better among housewives compared to working women.[25] A similar study was conducted in 1997 reveals were that there were significant difference in mental health among working and non-working woman results indicate that the non-working women have better mental health as compared working women.[70]

Interpretation of psychological wellbeing among working and non-working women:

As shown in table 4, the scores for psychological wellbeing show statistically significant difference ($p < 0.05$) between the working and non-working women. As per figure 3, scores on this particular test are reflecting that non-working women are enjoying their psychological wellbeing, while working women are found to be at average level of psychological wellbeing, which is again a point of risk for working women. Therefore, these results lead us to reject the null hypothesis that there would be no significant difference between metal wellbeing of working and non-working women. These results are supported by a 2021 study done to investigate Perceived Mental Health and Subjective Well-Being among Women. Total sample consisted of 150 women, out of which 75 was working and 75 non-working women. Findings of the present study revealed that the levels of various dimensions of mental health and subjective well- being as a whole were better among the housewives than working women.[61] Another study done by investigates psychological wellbeing among working and non- working women. The sample consisted of 120 women, which included both working and non-working women. The results indicated significant difference among the psychological wellbeing of working and non-working women, such that non-working women have better psychological wellbeing than working women.[58]

Score interpretation on DASS-42

Depression

As per tale no. 5, DASS depression score show statistically significant differences ($p < 0.05$) between the working and non-working groups. As shown in graph 4, the mean differences between the 2 groups show working women group had higher mean scores for depression

(DASS), indicating higher levels of depression among working population. In this exercise, depression is not reflected at pathological state, but the scores of working and non-working women show that non-working women are absolutely free from depression while scores of depression among working women is just at the cut-off point, which indicates that if such women reflect poor coping or being victimized by added stressful circumstances may lead to depression, so again in this condition is indicating the concern required to do something in this regard. These results are validated by a 2020 study on depression in married working women and homemakers, evaluated a sample of 51 married working and 51 non-working women. The findings showed that married working women had greater rates of depression than married nonworking women.[71] Another 2017 study measured levels of depression among married working and non-working women. The sample taken for the study was 50 working and 50 non-working. The results states that working women who are married face more difficulties in their lives than non-working women, hence they have higher levels of depression as compared to non-working women.[47]

Anxiety:

Table 6 shows the t value of DASS anxiety which indicates statistically significant differences ($p < 0.05$) between the working and non-working groups. The figure 5 illustrates the mean differences of anxiety between working and non-working women, which shows that working women had higher mean scores for anxiety. The scores also indicate that on the anxiety level under DASS scores shows non-working women are anxiety free but working women are touching the mild level of anxiety and if stress is increased and if they are not able to accommodate they may develop pathologically anxious state. These results can be validated by a 2016 study in which the degree of anxiety among working and non-working women was examined. Result indicated, working ladies expressed a higher degree of anxiety than their

counterparts.[72] another 2018 study also investigated anxiety and its risk factors among 200 working and 200 non-working women. Results of the study indicated that anxiety was more among working women than non-working women.[73]

Stress:

Table 7 shows the DASS stress scores which reveals statistically significant differences ($p < 0.05$) between the working and non-working women groups. Figure 6 compares mean scores of stress among working and non-working women; the comparison reveals that non-working women are stress free, while working women are carrying mild stress level. These results are supported by 2019 study which examined stress levels in married women who work and housewives. 240 women were selected in order to gather data. The findings showed that married professional women experience higher stress than homemakers.[74] similarly, 2016 study investigated stress level of working and non-working women. A sample of 90 women was taken, among which 45 were working and 45 non-working. Results revealed that working women have more stress than non-working women.[50]

The combined status of scores on DASS:

Table 8 shows, combined scores of every psychological attribute, namely depression, anxiety and stress, and figure 7 illustrates mean difference of all three variables, which indicates that working women have developed sensitivity and vulnerability towards their mental health status and well-being. These results are validated 2019 study which studied level of anxiety, stress and depression among 60 working and 60 non-working women. The results indicated that working women had higher levels of anxiety, depression and stress.[75]

Correlation:

According to table no. 9 & 10, it is noticed that in all the psychological variables especially working women have positive correlation with depression, anxiety, and stress, which shows more will be the health issues, more will be depression, anxiety and stress ad vice-versa. As far as their mental health and psychological wellbeing is concerned, their scores have not gone beyond the cutoff point at present, they are not having any serious health issues in respective areas, but if such condition is left unattended or ignored, they will definitely meet with mental health and wellbeing issues.

The overall analysis shows working women are found to be vulnerable as far as their psychological states are concerned.

CONCLUSION

Within our social structure, women are expected to take on the role of caregivers, attending to the needs of their families and communities. This is a result of deeply ingrained gender norms. Though it may appear admirable, this social narrative puts a great deal of pressure on women, frequently at the expense of their own wellbeing.

Women's selflessness is encouraged by the idea that they should always be giving, to the point that their own physical and emotional well-being is frequently neglected. They are conditioned to put other people's needs before of their own, which feeds a cycle of neglect that can have serious repercussions. Women feel pressured to perform as per and even beyond expectations, even in professional settings, as a way to overcome perceived gender stereotypes or to establish their value. Due to these social expectations, this unwavering determination to succeed can result in overwork and the compromise of personal wellbeing.

At last, these societal norms have a negative impact on women's mental health, trapping them in a cycle of a constant state of distress. The pressure to conform to expectations, combined with the fear of breaking away from the standard, creates a confining environment that stifles individuality and well-being.

Therefore, the purpose of the investigation was to assess and compare the mental well-being of working and non-working women. The current community-based study included a comprehensive assessment of 280 women, who were divided evenly into two groups: 140 working women and 140 nonworking women. To ensure fairness and representativeness, individuals were chosen by random sampling. Before initiating the evaluation, the goal of the

study was described to all participants, and their informed consent was acquired. Each participant was then assessed using standardized test measures, namely, the General Health Questionnaire (GHQ), Mental Health Inventory (MHI), Psychological Wellbeing Scale (PWBS), and Depression, Anxiety, Stress Scale (DASS-42). The printed copies of the assessments were distributed to participants, together with detailed instructions that addressed any questions or uncertainties they may have had. Once the data collection phase had ended, the data was evaluated using rigorous statistical analysis. Meaningful observations and conclusions were drawn about the mental health and well-being of both working and non-working women.

The research's findings are quite convincing, and it can thus be inferred, based on the data, that women, who were working experienced significantly higher levels of depression, anxiety and stress, but lower levels of mental health and well-being, compared to women who were not working. This indicates that work status may impact mental health and well-being in this population of women. The results of the study lead us to reject the null hypothesis that there would be no significant difference between metal wellbeing of working and non-working women.

These findings emphasized the significant relationship between employment status and many facets of women's mental health and well-being, indicating the need for focused interventions and support for those in the workforce.

Limitations:

One of the most significant limitations of this study is its inability to prove causality. The current study can identify connections between work status and mental well-being; however, it cannot determine if employment status causes changes in mental well-being or vice versa.

Another limitation is the sample size; for the current investigation, the sample size computation resulted in an uneven distribution of the two groups. Considering the comparative nature of the study, it was critical to maintain an equivalent sample size for both groups. As a result, the calculated sample size was adjusted to attain parity, yielding a sample size of 140 participants for each group of working and non-working women. This change was critical for ensuring the study's methodological accuracy and the ability to conduct the comparison analysis..

Furthermore, the standardised test measures used in the study were self-reporting instruments, which allowed individuals to respond based on their own judgements of their mental health. It is vital to recognise that self-report measures can be sensitive to social desirability bias, which occurs when individuals consciously or unconsciously provide replies that they believe are socially desirable or correspond with cultural expectations. This inherent bias limits the study because the responses may not always precisely reflect the individuals' genuine mental well-being.

Delimitations:

The participants in the study were chosen through random sampling, which lowers biases and results in a more representative sample of the population. This improves the generalizability of the study's findings.

Another advantage of this study is that in order to assess psychological wellbeing of the participants, comprehensive assessment was conducted, which involved assessment of general health, mental health, psychological wellbeing, as well as levels of depression, anxiety, and stress. This provides a holistic view of the participants' overall health and psychological state.

Given that this is a community-based study, data was collected in-person by distributing hard copies of tests, ensuring that all queries were addressed and reducing confusion about questions. This results in more accurate responses and credible data.

Suggestions:

In-depth qualitative analysis can be conducted via open-ended questions and interviews. This will aid in understanding the underlying causes of the mental health patterns seen in the study.

Future studies can look into particular workplace aspects such as office environment, job satisfaction, work-life balance, organizational support, and possibilities for growth that may have an influence on working women's mental health.

This study can be extended to compare the mental wellbeing of working women across different industries to identify industry-specific challenges and opportunities for improving mental health support.

Furthermore, future research could identify and investigate factors that contribute to the maintenance of mental wellbeing among non-working women, such as resilience, family support, and optimism, as well as non-working women's mental wellbeing strengths, which play a crucial part in shaping this demographics' mental health outcomes.

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